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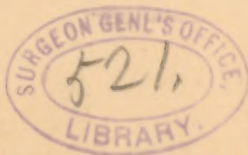
THE SOURCES OF THE DEFECTIVE, DEPENDENT AND DELINQUENT CLASSES.¹

BY DR. BAYARD HOLMES, OF CHICAGO.

When a child is born into the world it is essentially dependent and only becomes independent through a proper development and advancing age. The age at which a child becomes independent varies with the stage of civilization into which it is born. Little savages and barbarians are independent and self-supporting sooner than children in modern civilization, and the less evolved races actually reach maturity earlier in life than the more highly evolved races do. This independence continues for a longer or shorter period, until in old age again the individual becomes dependent from the decline of his mental and physical forces. These two periods of dependence must be looked upon as normal, and no conditions can be expected to vary them essentially. Those conditions of life are most favorable in which the period of independence is longest. In our civilization some might misunderstand what independence means. It refers to that condition of mental and physical vigor which secures a useful and productive working power in the man. It frequently happens that an adult is wanting in one or more of the five senses, or for some other reason he is unable to support himself under the demands of his surroundings. Such an individual is said to be defective. Any considerable defect produces a condition of abnormal dependence. Thus we may roughly divide our dependents into two great classes: 1. The Normal Dependents, consisting of children and aged persons, and 2. The Abnormal Dependents, composed of various classes. These are sometimes termed (1) The Defective Dependents, or those who have not physical or mental ability to provide for themselves, and (2) The Voluntary and Involuntary Dependents, or those who choose or are compelled to let the burden of their preservation rest upon others, and (3) The Delinquents, or those who become dependent through the efforts of organized society to compel them to conform to natural or arbitrary regulations.

One of the most hopeful of all the dependent classes is depend-

¹ A paper read before the American Academy of Medicine, at its Meeting in Jefferson, N. H., August 29, 1894.



ent children. These waifs, foundlings and destitute children are found in our advancing civilization in increasing numbers, and while it has fallen almost entirely upon voluntary societies to care for them, many of them come under the charge of the State, in the poorhouses and other institutions which are designed primarily for adults. Some of these children are thrown upon the public because the parents are unwilling or unable to care for them, while others are left destitute through the death of one or both of the parents and the destruction of the home. These children, with proper care, would make as good citizens as any other children. They are now ordinarily gathered into orphan asylums and other institutions devoid of home life, under the care of religious societies, or of persons who exploit these institutions for commercial ends. Subject to numerous acute infectious diseases and filth diseases, such as diphtheria and typhoid, their death-rate is notoriously great. As soon as these children arrive at the age of eleven or twelve, the ennui of institutional life is so burdensome to them that they run away, and become the children of the street.¹

Our second class of normal dependents are the aged. Years alone do not produce superannuation. The very old are necessarily dependent upon the care of others, but even those who have not attained a great age, and yet have so exhausted their physical and mental forces, either by work or anxiety, or by disease, that they are prematurely superannuated, are dependent upon their own accumulated resources, their family or the State for support. It is perhaps one of the saddest comments on our

¹ There is, however, a continent in which not an orphan or dependent child exists, and in which there is not an orphan asylum, half orphan asylum or asylum for the children of any special class. I refer to Australia and New Zealand, where the destitute children are placed under the care of an auxiliary benevolent society with a well-paid board of officers. The children coming under the care of this board are placed in homes about the country, under the care of local, voluntary officers and paid officers. They are visited at intervals, and a report is received from each of them through the local voluntary officer, the constable, or police officer of the district and traveling inspector, the local doctor and the schoolmaster, when the child is of school age. The families receive for the care of the child from a dollar and a half to two dollars and a half a week until the child is 13 or 14 years old, then with this society as a guardian, the child is hired out to work, and the wages are placed in the Postal Savings Bank. Thus in this great Continent of Australia, every dependent child is provided with a home and home raising; it is relieved from the danger of disease and from the lack of education in home life, which now falls to the children of our institutions. Fewer of these dependent children become defective adults, or drift into the delinquent class.

vaunted civilization that no city, village or town is without its quota of dependent old men and women. We blush almost to relate the fact that commerce has not neglected to take advantage of these old and used-up members of society for purposes of gain. Almost every city has a home for old people, exploited by cunning and hypocritical people. The sympathy of the community is used to secure contributions to these places in which scores of old folks are huddled together to intensify their misery by their mutual helplessness. These homes for the aged and for the incurable are veritable infernos, and cost much more and accomplish much less than the boarding-out plan.

To the abnormal dependents belong the greater part of all those who receive aid and support from the more favored classes of society. It is interesting to see how the defective dependents naturally divide themselves according to their origin into the congenital defective and the acquired defective. Those who are congenitally defective are born in such a mental or physical condition that it is impossible for them to compete with their healthy and sound neighbors in the struggle for existence which now prevails. These congenital defectives range all the way from defectives from imbecility, blindness or deafness on the one hand, to those possessing little idiosyncracies of character or lack of physical strength on the other hand which idiosyncracies or defects make it impossible for them to adapt themselves to social and industrial conditions. There are two etiological groups of congenital defectives; those in whom the defects are inherited, and those in whom the defects appear accidentally and unexplainably. A congenital defect does not always show itself in the most destructive form at birth, but often comes on during life sometime before the onset of old age. Thus there is a form of blindness, lately described by our President, Dr. Gould, through which children, otherwise apparently perfect in mind and body, lose their eyesight at various periods of life through a degenerative process in the retina.¹ This degeneration, in the family observed by Dr. Gould, showed itself between the ages of 15 and 30 and resulted in a comparatively short time, in absolute blindness. I, myself, observed a

¹ Gould, Geo. *Annals of Ophthalmology and Otology*, Oct., 1893.

family in which Fredrich's disease came on about the age of 25 or 30, and resulted in complete physical disability through incoordination of muscular action. The study of defectives from congenital disease is assisted by a comparison with hereditary variations of a less serious character, as, for example, the inheritance of six fingers, of hair-lip, or of congenital absence of the whole or parts of the limbs. Only a very small number of physical defects, such as blindness and deafness, can be referred to heredity, but this is not the case with mental defects, or with those forms of mental incapacity which result in delinquency or criminality. Thus we find that the insane are, in a very large per cent. found in families in which the taint is hereditary. Dugdale in his exact account of the Jukes shows us that criminal delinquency is exquisitely hereditary, and that it is associated with congenital defects of even a more serious and striking nature.

But the most important part of the abnormal dependent class, dependent through congenital defects, is of entirely accidental origin, and may occur in families where such defects have never been observed before. They must be referred to errors of development of an accidental character. Sometimes an explanation has been sought in the physical condition of one or both of the parents previous to birth, and there is every reason to believe that this is occasionally the cause, but most of these accidentally oncoming, congenital defects are due to causes entirely beyond our present ability to recognize. As a whole, these errors of development furnish only a small percentage of our defective classes. Thus, less than one per cent. of the blind, and only a very small per cent. of the deaf, are known to be from congenital origin.¹ A much larger per cent. of the feeble-minded are at present referred to arrest of development.

But the greater portion of our defective classes acquire their defects after birth, either through (1) improper environment, (2) through disease, (3), through the machinery of society and industry. The environments which produce defects naturally group themselves into those that surround children and youths, and those that surround adults. We have already referred to

¹ *Ernst. Fuchs*: Die Ursachen und die Verhütung der Blindheit, Wiesbaden, 1885.

the effect of institutional life in producing children, defective in the knowledge of home duties and cares, and those things that surround children under normal conditions, also in breeding malignant diseases resulting in an unusual proportion of defects; but as these institutions are in comparatively small numbers their results are quantitatively not great.¹ The children of city tenement houses are subject to many of the influences and uneducational qualities of institutions, and they also suffer from over-crowding, from contact with reckless, vicious or diseased adults, and also from improper sanitary surroundings. The death-rate of the children of tenement houses is at once appalling and heart-rending.² Cholera infantum, diphtheria, scarlet fever, measles, whooping-cough and tuberculosis and all the forms of secondary mixed infection result not only in an enormous death-rate, but also in debilitated bodies and minds, in chronic diseases, and in permanent defects. The tenement house children are also subject to all of the malign influences of the street. More to be pitied than these are those children whose mothers are obliged to work either at home or away from home. These children suffer all that the tenement house children suffer, and in addition lack the care of father or mother when sickness comes on. The institution of crèches and kindergartens and other means of caring for the children of working mothers are at once palliative of the wrong, and encouraging to that condition of civilization in which such things are possible. There is every reason to believe that the children of working parents lack the care and nutrition which is necessary to make good citizens. In a recent measurement of 48,000 children in St. Louis public schools, William Porter Townsend discovered that the children of manual tradesman were considerably shorter and lighter than the children of the professional, the mercantile and other favored

¹ See report to the British Medical Association and Charity-Organization Society of London on the physical and mental condition of 50,000 seen in 106 schools of London, by Dr. Francis Warner, United States Bureau of Education. Report of 1890, '91, p. 1081.

² Nothing more significant in this connection has come to my notice than *The Vital Statistics of New York and Brooklyn*, by John S. Billings, (Washington, 1894, published by the Department of the Interior, quarto pp. 529 and vii with maps). Map 2 for New York and map 8 for Brooklyn, show the relative death-rate of children under five years of age to the total population. The high death-rate is confined to the tenement house districts, and is greatest among the children of Irish mothers, and lowest among children of Russian Jewish mothers.

classes.¹ When such is the case with the children of working parents, we are not surprised to find that children who themselves go to work at an early age either in sweat shops or in factories, fail not only to acquire the growth necessary to a perfect manhood or womanhood, but that they are much more subject to the destroying processes of manufacture than children are when under normal conditions. In the stamping works where all sorts of utensils are stamped out of tin and other metals by machines run by children, one or more of them, overcome with exhaustion and weariness, suffers the amputation of a finger or hand with remarkable frequency at about four or five o'clock in the afternoon. In the fierce struggle for existence, as it now presents itself to every child, the loss even of a finger results in the elimination of the loser into the unemployed, and, hence, dependent class, and encourages the action of all those influences which tend to make the idle into the criminal. In the city of Chicago, there are said to be 10,000 homeless children maintaining their existence upon the streets, with accidental shelter, with no home life, and with all the dangers incident to such an existence. No adequate effort has so far been made to remove them from the street, or to prevent the enormous expense which sooner or later will come to the State through the delinquency which is bound to result from such a life. From these 10,000 omnipresent children of the street will pile up for Chicago a burden, financial and moral, which it is depressing to contemplate.

But improper environment is productive of defects, not only among children and youths, but also among adults. These environments are in the nature of improper and inadequate food, improper clothing, improper housing, and even improper social arrangement. The burden which the state and its citizens suffer from the irrational dress of women has never been measured, but it comes within the experience of every physician, and especially of every gynecologist to remark upon its extent. The result of improper housing of our citizens has already excited the activity of law makers, and we have in all cities and in many villages more or less regulative and restrictive measures in regard to lighting, heating, plumbing, and even the disposal of

¹ Porter, W. T. The growth of St. Louis School children. Trans. St. Louis Academy of Science, Vol. VI., No. 12, April 14, 1894, p. 305, et seq.

buildings.¹ These things alone show that our legislators recognize the importance of protecting the taxpayers from the money expense which results from the improper housing of the people.

It seems almost incredible that the subject of social relations, especially in rural districts, has not been more effectually considered. In many country districts insanity and suicide are almost epidemic, and this is especially the case among women. The pressure of a lonely and unsocial life with monotonous household and family cares, bears too heavily upon them to be endured, and the insane asylums of our western states, especially, are filled with the women of well-to-do farmers who have lost their equilibrium through hard work, and through that thrift which denies all social intercourse.

To medical men, those defects which are the result of disease appeal in the most powerful manner. There were in 1890, in the United States more than 52,000 blind. Less than twenty per cent. of those acquired their blindness in adult life; of the remainder, less than one per cent. were congenitally blind, and over forty per cent. became blind during the first year of life through the action of a single disease, ophthalmia neonatorum. It is unnecessary for me to assert before this Academy that blindness resulting from ophthalmia neonatorum should be made a crime, and should be investigated by the Courts. The cost of educating the blind of our country was in 1891, as reported by the commissioner of education, \$718,753; and the cost of buildings and grounds in which this education was given, \$5,121,987. Probably two-thirds of this expenditure was for the education of children blind from preventable causes. The number of deaf in the United States at the same time was very much greater. There were 7,442 of them in our institutions for the education of mutes. The annual expenses were \$2,022,244, and the cost of buildings and grounds \$9,181,484. The best statistics which are at my hand indicate that congenital deafness is excessively rare, and not more than five or ten per cent. of the deafness which results in deaf-mutism can be referred to congenital causes. The bulk of all the rest of the deafness for which education is necessary, results from the action of the acute

¹ See the London Programme, by Sidney Webb, Sonnenschein, London, 1891, p. 121,

infectious diseases such as scarlet fever, measles, whooping-cough, smallpox and diphtheria. The State Board of Health of Michigan has demonstrated the possibility of limiting these diseases through rational sanitary regulations, and in the course of four years has succeeded in diminishing the death-rate from scarlet fever in that state regularly and uniformly sixty per cent.,¹ and there is every reason to believe that in restricting this disease, they have, in a much larger measure, diminished the consequent deafness for which education would have eventually been necessary.

It is unnecessary for me to point out the connection between tuberculosis and other forms of mixed infection and such diseases as scarlet fever, measles, and whooping-cough; nor need I point out the fact that insanity, as well as physical defects, follow in the train of the infectious diseases referred to above, and in the train of typhoid and venereal diseases, nor is it necessary for me to suggest the possibility of gradually diminishing the monetary and moral expense of the defective classes through the restriction of these diseases by properly enforcing the requirements of sanitation.

There is, perhaps, one source of the defective classes to which the attention of medical men has not been drawn with sufficient intensity. I refer to those who are incapacitated through the work of the world, or rather through the work of the world as it is carried on in our modern competitive system. I will take only one example. In the United States in 1892,² 821,415 men were employed upon our railways. Of this number, 2,554 were killed during the year, and 28,267 were otherwise injured. Thus it will be seen that out of the total number of employés of the railway, one in 322 was killed, and one in twenty-nine was injured. When these employés are separated into classes, we find that 169,260 are classed as trainmen, and out of these 1,503 were killed during the year, and 16,521 were injured; thus one out of every 113 trainmen was killed, and one out of every ten was injured. If now we consider whether or not improvements in railway management are being made which diminish the frequency of injury and injury resulting in death, we see that in

¹ Report Michigan State Board of Health, 1891, p. 126.

² Seventh Annual Report of the Inter-state Commerce Commission, Washington, 1893.

1892 one out of every twenty-nine was injured; in 1891 one out of every thirty; in 1890 one out of every thirty-three, and in 1889 one out of every thirty-five of all of the employés of the railways was injured; and the same conclusions follow if we consider the various classes of railway employés. We are, therefore, forced to conclude that the management of railways is now going on in such a manner as to result in a gradually and constantly *increasing proportion* of injured employés.

This rapid destruction of human life and limb is going on as a natural and necessary result of the violent competition existing in railway transportation, and this, too, in spite of all of the restrictive and corrective legislation which has been gradually enacted. It is safe to say that there is an annual output of at least 25,000 defective men from this occupation alone.

Besides these direct effects of modern civilization in producing defects which I have illustrated by the railways, much destruction of life and manhood results from the action of our competitive system, of which only a few other examples can be given. In the sweat shops of our cities, where all the clothing and many other articles are made, whole families work both day and night on the merest pittance, without the slightest regard for their own health or that of their children. The condition of the sweat shop has been too often pictured to require repetition here, but many of our physicians are unfamiliar with the fact that the sweat shop men and the sweat shop women become old at forty and forty-five, and that they contribute an enormous increment to suicides, to the insane asylum and to the criminal class. Again, the children of the over-worked are congenitally and irreparably defective, and they naturally fall into whichever of the retrogressive classes their congenital defects may incline them.

Of the voluntary, able-bodied dependent, not much need be said. They find that poverty and misery are better paid than work. In these days in our republic a man can not earn as much as he can beg. Modern "business principles" therefore dictate that he beg.

Of the involuntary able-bodied dependents, I do not dare to speak my mind. It seems to me that the medical profession

ought to bring an indictment against that method of doing business—of exploiting labor—which keeps one-fourth of our men idle all the time, all our men idle one-sixth of the time, all men at work long hours when at work at all, and still puts into factories and shops children and women. It is the settled policy of capital to have at hand a large body of idle starving workmen. When they are not at hand, capital expands itself, rushes business, imports labor, and then shuts down and starves the laborers. From this condition of warfare in business, from the idle workers necessary to wage-slavery, results our great burden of voluntary and involuntary able-bodied dependents.

Of the criminal class, forty-five per cent. are essential criminals, or criminals from defect. The remainder are accidental criminals.¹ The criminals have increased in the United States between 1850 and 1890 over four hundred per cent.; while the population has increased only one hundred and eighty per cent.

The great increase in crime comes not among the crimes against the person but among the crimes against property.²

There is every reason to believe that crime against the person is uniform, and that the great increment in crime during the past forty years has come through unjust and unethical laws and their inhuman administration, and through the production of a large class of landless, homeless, and generally idle people through the natural evolution of society.

In conclusion, let me urge every good man who loves his country, to study the diseases of the state that show themselves by the production of such effluvia as surrounds our poorhouses and prisons, the landmarks of our vaunted civilization.

SUMMARY OF CLASSIFICATION.

1. Normal dependents.

Children.

Aged.

2. Abnormal dependents.

(1) Defective dependents.

¹ McDonald, *Abnormal man*, Washington Government Press, 1893. Bureau of Education.

² See *Prisoners and Paupers*. Henry M. Boise, N. Y., 1893.

- (1) Congenital.
 - (a) Hereditary.
 - (b) Accidental.
- (2) Acquired.
 - (2) Voluntary dependents, not defective.
 - (3) Involuntary dependents, not defective.
- 3. Delinquents.
 - (1) Defective or essential criminals.
 - (2) Accidental or educated criminals.

CAUSES.

- 1. Congenital defects.
 - (1) Hereditary.
 - (2) Accidental.
- 2. Acquired defects.
 - (1) Lack of nutrition.
 - (2) Result of disease.
 - (3) Result of labor.

